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	5 Congretor's Name and Mailing Address									
	02.	Epolitical 5-Wilking Street ER 30	50 Rus							
	US Epo Region 5-Wilkins Street ER 9311 Greth Rd. Grosse IR, MI 48138 Deltott MI 48211									
		ator's Phone: 734 740 9619								
111	6. Transporter 1 Company Name					U.S. EPA ID Number				
Н	Dynecol Inc				IMIDO	mid074259565				
	7. Transporter 2 Company Name					U.S. EPA ID Number				
					1					
	8. Designated Facility Name and Site Address				U.S. EPA ID Number					
	Dynecol Inc									
	65	20 Gangia st, Devoit, MI, 48211			•					
	Facility's Phone: 313 57, 714					mid 074259565				
.	ALUA DATE CALLE CA				46 7-1-1 40 11-4					
	9a. HM	and Packing Group (if any))	No. Type		Quantity	Wt./Vol.	13. Waste Codes			
	· · · · ·	1. Non RCRA Non DOT Regulation Solids	140.	Туро			-		Ţ	
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	14. Special Handling Instructions and Additional Information Emergency Response moderial									
l	Chiadanal Language									
	TORLS									
i										
	15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged,									
	marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPAAcknowledgment of Consent.									
	I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.									
	Gener	ator's/Offeror's Printed/Typed Name Signature		1/			Мог		y Year	
Ý	¥	Brian Kelly	1 Com	ROL	ll_	Barri I	C	161	166	
3	16 Informational Chiamonto									
ž	Trans	porter signature (for exports only):		ving U.S.:						
¥	17. Transporter Acknowledgment of Receipt of Materials									
Ë	Transp	porter 1 Printed/Typed Name Signature			7/		Mon	itin Day		
2		MOKE HOW!	m				Ill	21/7	7 KZ	
2	Transp	porter 2 Printed/Typed Name Signature		7			Mor	ith Day		
IRANSPORTER	·			•			1	1 1		
두	18 Dis	screpancy		***						
Ţ							г		<u> </u>	
11	18a. D	Discrepancy Indication Space Quantity Type	Residuse		Partial Re	ection	Į	Full Rei	election	

19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)

20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a

18b. Alternate Facility (or Generator)

18c. Signature of Alternate Facility (or Generator)

Facility's Phone:

Printed/Typed Name

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

MIK 396399685

UNIFORM HAZARDOUS 1. Generator ID Number

WASTE MANIFEST

U.S. EPA ID Number

Month

Month

Day

Day

Manifest Reference Number:

Signature

Form Approved. OMB No. 2050-0039

4. Manifest Tracking Number 010413649

313 347 1300